

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

1078

**1. PLACE OF DEATH**

County Jackson  
Township Raw  
City Kansas City

Registration District No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_  
(No. 1743 Jefferson)

File No. \_\_\_\_\_  
Registered No. 116  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1743 Jefferson St., 3 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas A. Tibbetts</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 18 - 1844</u>		
7. AGE	YEARS <u>87</u>	MONTHS <u>4</u>
	DAYS <u>23</u>	If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_
11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Mayville 2  
(STATE OR COUNTRY) Kentucky

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown 31  
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

17. INFORMANT Mrs. J. H. Bartlow  
(ADDRESS) 1743 Jefferson

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Cremation DATE January 13, 1932

19. UNDERTAKER W. H. Newcomer's Sons  
(ADDRESS) 2112 E. 9th St.

20. FILED Jan 12 3 PM M. M. Corone  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1929, to Jan 11, 1932

I last saw him alive on Jan 10, 1932. Death is said to have occurred on the date stated above, at 9:55 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 1-9-32  
82A  
97

Other contributory causes of importance:

Arteriosclerosis

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury Jan 11, 1932

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) W. H. Bartlow, M. D.

(Address) 824 Realto Bldg

CRUDE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10-12; 2-4